

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		12/1/97
O.I.P.E. CLASSIFIER			12/1/97
FORMALITY REVIEW	<i>[Signature]</i>	68211	11/2/98
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-abstract  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Obsolete

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims are listed, staple additional sheet to this sheet.

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